

SPONSOR'S QUARTERLY INCOME AND RESOURCES REPORT

GIVE THIS TO YOUR SPONSOR

COMPLETE, SIGN, DATE AND RETURN THIS FORM AFTER:

THIS REPORT IS FOR THE MONTH OF

CASE NAME	CASE NUMBER
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SPONSOR'S INSTRUCTIONS

- You and your spouse (if living together or if spouse has signed an affidavit of support) must complete and sign this report and return it immediately to the noncitizen you sponsor.
- The noncitizen must complete, sign and date the form, and return it to the county by the 5th of the month. If a complete report, including verification, is not received by the 11th of the month, the noncitizen's Cash Aid may be delayed, lowered, or stopped.
- Call the county if you need help completing this form.

- Noncitizen's Name and Address

WORKER:

PHONE:

1 Sponsor's Name (First, Middle, Last)**Answer the following questions for your spouse if she/he is living with you OR has signed an affidavit of support.****2** Sponsor's Spouse's Name (If Living Together) (First, Middle, Last) Has sponsor's spouse signed an affidavit of support? ☐ YES ☐ NO**3** Do you and/or your spouse receive Cash Aid, such as California Work Opportunity and Responsibility to Kids (CalWORKs) or Supplemental Security Income (SSI)? ☐ YES ☐ NO
If YES, complete below.

CASE NAME	DATE OF BIRTH	TYPE OF CASH AID	COUNTY	STATE

4 During the report month did you and/or your spouse receive income, money or benefits, such as: earnings, training payments, earned income tax credit, strike benefits, social security, railroad retirement, unemployment or disability insurance, interest, worker's compensation, SSI/SSP, child/spousal support, loans, grants, tax refund, cash gifts, free housing/utilities, etc.? ☐ YES ☐ NO

If YES, list who received income, employer's name or other source of income, gross amount before deductions, and actual date received. Attach paystubs or other proof of earnings for the report month. Attach proof of any other income only when it starts and when it changes.

If self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses.

NAME	SOURCE	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED

NAME	SOURCE	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED

If both you and your spouse (who is living with you) receive Cash Aid, skip to Question 10 and complete the Certification Section.

5 Since your last quarterly report, did you or your spouse have any changes in personal and/or real property, such as: Receive, buy, sell or give away a motor vehicle, camper, boat, land or house, etc.? ☐ YES ☐ NO
If YES, explain the type of change, date of change and the amount, if applicable.**6** Did you or your spouse have a checking, savings or credit union account at the end of the report month? ☐ YES ☐ NO
If YES, complete below.

<input type="checkbox"/> Credit Union	Balance On Last Day of Report Month	Whose Account?	<input type="checkbox"/> Credit Union	Balance On Last Day of Report Month	Whose Account?
<input type="checkbox"/> Checking			<input type="checkbox"/> Checking		
<input type="checkbox"/> Savings	\$		<input type="checkbox"/> Savings	\$	

COUNTY USE ONLY

WORKER INITIALS

DATE

7 Since your last quarterly report, was there a change in the number of persons who are claimed as dependents for federal income tax purposes by you or your spouse? If YES, complete below. ☐ YES ☐ NO

NAME OF PERSON(S)	DOES PERSON LIVE WITH SPONSOR?	DATE OF CHANGE	EXPLAIN WHAT CHANGED
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

8 Since your last quarterly report, was there any change in payments made to persons who are claimed as federal tax dependents who are not living with you or your spouse? If YES, explain what changed, list the name of the person(s), amount paid and who paid: ☐ YES ☐ NO

9 During the report month, did you or your spouse pay any court-ordered support? If YES, enter the amount paid and attach receipts: \$ ☐ YES ☐ NO

10 Do you or your spouse have any other information to report such as: a new address, a change in the number of noncitizens that you sponsor and who will receive Cash Aid, recent or anticipated changes in income, etc.? If YES, explain the change and if it is expected to be temporary or permanent, and give the date of change. ☐ YES ☐ NO

CERTIFICATION SECTION

- I understand that the term for Sponsorship is normally an indefinite period of time.
- I understand that failure to report information or misrepresentation of facts for Cash Aid can result in legal prosecution with penalties of a fine, imprisonment or both.
- I understand that I may be required to repay any benefits which are overpaid because of incorrectly or incompletely reported information.

SPONSOR'S CERTIFICATION

- I declare under penalty of perjury under the laws of the State of California that the information contained in this report is true and correct and is complete.

SIGNATURE OF SPONSOR	DATE
SIGNATURE OF SPONSOR'S SPOUSE (IF LIVING TOGETHER OR SIGNED AN AFFIDAVIT OF SUPPORT)	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

NONCITIZEN'S CERTIFICATION

- I have reviewed this signed and completed report from my sponsor(s). I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the information contained in this report is true and correct and is complete.

NONCITIZEN'S OR DECLARANT'S SIGNATURE OR MARK	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

COUNTY USE ONLY

Evaluation of Sponsor/Sponsor's Spouse Real/Personal Property Resources	CalWORKs Sponsor/Sponsor's Spouse Income Computation	Food Stamps Sponsor/Sponsor's Spouse Income Computation
A. ITEMS _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ B. Total \$ _____ C. Less: Food Stamp Deduction (\$1500) CW NA FS \$1500 D. Subtotal = _____ E. Total number of sponsored noncitizens applying for/receiving CW/FS _____ F. Total (Divide D by E) = _____	A. Earned Income \$ _____ B. Unearned Income + _____ C. Subtotal = _____ D. Total number of sponsored noncitizens applying for/receiving CalWORKs _____ E. Divide C by D = _____ F. Number of sponsored noncitizens in this AU _____ G. Total (Multiply E by F) = _____	A. Earned Income \$ _____ B. Less 20% - _____ C. Unearned Income + _____ D. Gross Income Deduction for sponsor's household size - _____ E. Subtotal = _____ F. Total number of sponsored noncitizens applying for/receiving Food Stamps _____ G. Total (Divide E by F) = _____
Amount in F to be included in each noncitizen's property limits.	Amount in G to be deemed income for entire AU.	Amount in G to be deemed income for each sponsored noncitizen.